U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

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## FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

E ( AUG172005 )			
1. File Number U - 1/523	2. Fiscal Year Covered From:		
<b>©</b> erenAssemmente, jeuns pipper	1 / 1 / 2004 Through: 12 / 31 / 2004		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name Christopher R Yabor	Name Sheetmetal workers' International Local 19		
	Labor Organization File Number 013-066		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 1301 S. Columbus Blvd.	Street 1301 S. Columbus Blvd.		
City Philadelphia	City Philadelphia		
State Pennsylvania ZIP Code + 4 19147	State Pennsylvania ZIP Code + 4 19147		
5. Position in labor organization.			
A. Held an interest in, engaged in transactions (including loans) with, omeganetary value from an employer whose employees your organizations.	ation represents or is actively seeking to represent.		
A. Held an interest in, engaged in transactions (including loans) with, of monetary value from an employer whose employees your organizate.  S. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:	clusions set forth in the instructions):		
A. Held an interest in, engaged in transactions (including loans) with, of monetary value from an employer whose employees your organizate.  S. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:	crusions set forth in the instructions):  or derived income or other economic benefit of ation represents or is actively seeking to represent.		
A. Held an interest in, engaged in transactions (including loans) with, of monetary value from an employer whose employees your organized.  Name and address of Employer (including trade name, if any).	or derived income or other economic benefit of ation represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.		
A. Held an interest in, engaged in transactions (including loans) with, omonetary value from an employer whose employees your organizes.  S. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street	or derived income or other economic benefit of ation represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.		
A. Held an interest in, engaged in transactions (including loans) with, of monetary value from an employer whose employees your organization.  S. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.		
A. Held an interest in, engaged in transactions (including loans) with, of monetary value from an employer whose employees your organization.  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4  Signature and verification. The undersigned declares, under negable of the signature and verification. The undersigned declares, under negable of the signature and verification.	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.  7.b. Amount.		
A. Held an interest in, engaged in transactions (including loans) with, omonetary value from an employer whose employees your organizes.  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4  Sig  15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany accompany and accompany acc	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.  7.b. Amount.		

Name of Person Filing Christopher Yabor		File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any).  Name International Training Institute (SMWIA)  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 601 n. Fairfax Street, Suite 240  City Alexandria  State Virginia ZIP Code + 4 22314	9. Business deals with:  a. Labor Organizat  b. Trust  c. Employer	tion	•	
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing Residential Training Travel Lodging Expense	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
City ZIP Code + 4	11.b. Approximate dollar value  12.a. Nature of interest held		\$1,844	
C. Received from any employer (other than an employer covered under	12.b. Amount.			
or from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	or other thing of value.  14.a. Nature of payment.			
Name			MODES AND THE STATE OF THE STAT	
Trade Name, if any:	- Pergundance of the second sec		) because of the second	
P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4				
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.			

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Name of Person Filing Christopher Yabor	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value <b>from a business</b> (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any).	9. Business deals with:			
Name International Training Institute (SMWIA)				
Trade Name, if any:	a. Labor Organization b. Trust			
P.O. Box, Bldg., Room No., if any	c. Employer			
Street 601 n. Fairfax Street, Suite 240				
City Alexandria				
State Virginia ZIP Code + 4 22314				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name	Labor College Travel Lodging			
Trade Name, if any:	Expense			
P.O. Box, Bldg., Room No., if any				
Street	11.b. Approximate dollar value of such dealing. \$542			
City	11.b. Approximate dollar value of such dealing. \$ 12.a. Nature of interest held or income received.			
State ZIP Code + 4				
	12.b. Amount.			
	Tab. Althoung			
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street				
City				
State ZIP Code + 4				
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.			

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8. Name and address of Business (including trade name, if any).  Name Sheetmetal workers' Local 19	9. Business deals with:		
Trade Name, if any:	a. Labor Organization		
P.O. Box, Bldg., Room No., if any	b. Trust  c. Employer		
Street 1301 S. Columbus Blvd.			
City Philadelphia  State Pennsylvania ZIP Code + 4 19147			
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name	11.a. Nature of such dealing. Residential		
Trade Name, if any:	Expenses		
P.O. Box, Bldg., Room No., if any			
Street			
City	<ul><li>11.b. Approximate dollar value of such dealing. \$250</li><li>12.a. Nature of interest held or income received.</li></ul>		
State ZIP Code + 4	12.a. Nature of filterest field of income received.		
	12.b. Amount.		
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.		

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Name Sheetmetal workers' Local 19	a. Labor Organization		
Trade Name, if any:	b. Trust		
P.O. Box, Bldg., Room No., if any Street 1301 S. Columbus Blvd.	c. Employer		
City Philadelphia			
State Pennsylvania ZIP Code + 4 19147			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name	2004 Executive Board Salary		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street	11.b. Approximate dollar value of such dealing. \$1,800		
City	12.a. Nature of interest held or income received.		
State ZIP Code + 4			
	12.b. Amount.		
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State ZIP Code + 4			
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Street			
City	11.b. Approximate dollar value of such dealing. \$21,676  12.a. Nature of interest held or income received.		
State ZIP Code + 4			
	12.b. Amount.		
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State ZIP Code + 4			
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Street	11.b. Approximate dollar valu	and such dealing	
City	12.a. Nature of interest held		
State ZIP Code + 4		a di modifici reserved.	
	12.b. Amount.		
C. Received from any employer (other than an employer covered unde	r parts A and B above)		
or from any labor relations consultant to an employer any payment of money	or other thing of value.		
<ol> <li>Name and address of Employer or Labor Relations Consultant (including trade name, if any).</li> </ol>	14.a. Nature of payment.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City		į	
State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		